

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	1 X 116	9	6-1-74
O.L.P.E. CLASSIFIER		20	6/16
FORMALITY REVIEW	TH	413	67-30-9
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ Rejected
 - Allowed
 - (Through numeral)... Canceled
 + Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Date
1	12/15/63
2	12/15/63
3	12/15/63
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Claim	Date
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
 staple additional sheet here

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